

(A)

UNITED STATES DISTRICT COURT

NORTHERN

District of

ILLINOIS Eastern Division

Ronald D. GRANGER

Plaintiff

FILED

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

v.

JAN 02 2008 *new*

08CV0039

I D.O.C.
Defendant

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

CASE

JUDGE DOW

MAG. JUDGE BROWN

1. Ronald D. Granger

declare that I am the (check appropriate box)

☒ petitioner/plaintiff/movant

☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2)

If "Yes," state the place of your incarceration SHARLEVILLE C.C.

Are you employed at the institution? NO Do you receive any payment from the NO

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|------------------------------|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

IN THE COURT OF CLAIMS
OF THE STATE OF ILLINOIS

RONALD GRANGER)
Claimant)
vs) No. _____
State of Illinois and the) \$ _____
Illinois Department of Corrections) Amount Claimed
Respondents)

Application to Sue or Defend as a Poor Person

I, RONALD D. GRANGER, am the claimant in the above entitled action and being duly sworn state:

1. I am presently incarcerated at the STANLEY Correctional Center and as such have no means of income.
2. I have no other sources of income. NO
3. My income from the preceding year was \$ NO.
4. I own no real estate except NO
(list address, nature of improvements and value)

5. No applications were filed by or in behalf of claimant to sue or defend as a poor person during the preceding year except:

6. I am unable to pay the costs of this court action.
7. I believe the applicant has a meritorious claim.

s/s Ronald Granger
Claimant

Subscribed and sworn to before me this
24 day of Dec, 2007

Notary Public

AO 240 Reverse (Rev. 9/96)

4. Do you have any cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes," state the total amount. _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. *ND*

I declare under penalty of perjury that the above information is true and correct.

Date

Ronald D. McAngeer B-24617
Signature of Applicant

CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

certify that the applicant named herein has the sum of \$ _____ on account to his/her credit at _____ (name of institution). I further certify that the applicant

has the following securities to his/her credit: _____

further certify that during the past six months the applicant's average balance was \$ _____

Date

Signature of Authorized Officer

Time: 11:36am

Stateville Correctional Center

Trust Fund

d_list_inmate_trans_statement_composite

Inmate Transaction Statement

REPORT CRITERIA - Date: 01/01/2007 thru End; Inmate: B24617; Active Status Only ? : No; Print Restrictions ? : Yes;
Transaction Type: All Transaction Types; Print Furloughs / Restitutions ? : Yes; Include Inmate Totals ? : Yes; Print
Balance Errors Only ? : No

Inmate: B24617 Granger, Ronald D.

Housing Unit: STA-F -02-07

Total Inmate Funds:	77.84
Less Funds Held For Orders:	.00
Less Funds Restricted:	.00
Funds Available:	77.84
Total Furloughs:	.00
Total Voluntary Restitutions:	.00